



STATE OF NEVADA

## EMPLOYMENT APPLICATION

Nevada State Department of Personnel  
Carson City, Nevada 89701-4204 or Las Vegas, Nevada 89101-1046

-Equal Opportunity Employer / Affirmative Action -

## READ PAGE 4 BEFORE PROCEEDING

Title of job applying for (Use exact title listed in job announcement):	Class Code _____
Title _____	Announcement No. _____

## Check box if change in name, address or telephone number.

Social Security No.	Last Name	First Name	MI	
Mailing Address (Street or P.O. Box)		E-Mail Address		
City	State	Zip	Home Phone (Include area code)	Work Phone (Include area code)

## Preference claimed:

Nevada Resident ☐ Yes ☐ No \*Veteran or Widow/Widower of Veteran <sup>1</sup>☐ Yes <sup>0</sup>☐ No

\*Proof required no later than the final testing. If examination is a training and experience evaluation, proof must be submitted by close of filing period. (See Instruction No.5 on page 4)

## Member of:

Sheriff's Department Search and Rescue or  
Reserve Unit of Civil Air Patrol Unit:  
☐ Yes ☐ No

(Disclosure required by State law NRS 414.50)

## Criminal Conviction/Traffic Violations: Have you ever been convicted of:

- (1) A misdemeanor, gross misdemeanor or felony (excluding juvenile adjudication)? Yes No  
(2) A moving traffic violation within the last five years? Yes No

If yes, attach statement giving date(s), time(s), locations(s), circumstance(s), and dollar amount of fine(s). Include any conditions of your parole and/or probation, if applicable. Moving traffic violations will only be considered if driving a vehicle is a job requirement. A criminal conviction is not an automatic bar to employment. Each case is considered on its individual merits. LACK OF REQUESTED INFORMATION IS BASIS FOR REJECTING AN APPLICATION.

CURRENT STATE OF  
NEVADA EMPLOYEES

(See Instruction No. 13 on page 4)

Department where you work:

Division where you work:

Are you classified? ☐ Yes ☐ No

## FOR OFFICE USE ONLY

☐ Accept ☐ Denied \_\_\_\_\_  
Code

Evaluator \_\_\_\_\_ Date \_\_\_\_\_

## Reason for Denial:

_____
_____
_____
_____

## OFFICE USE ONLY

RECEIVED

APP IN

## AVAILABILITY DATA

Date you will be available for employment:

Check TYPES(S) of work you will accept:

- A. ☐ Permanent full-time  
B. ☐ Permanent part-time  
C. ☐ Intermittent (on-call)  
D. ☐ Temporary  
E. ☐ Seasonal  
F. ☐ Shiftwork/weekends

TRAVEL: How much of your work week would you be willing to travel?:

- ☐ None  
☐ Up to 25%  
☐ Up to 50%  
☐ More than 50%

## I FIRST LEARNED OF THIS RECRUIT

- A. ☐ Department of Personnel  
B. ☐ Department of Personnel's  
Telephone Information Service  
C. ☐ Employment Security Division Job  
Service  
D. ☐ Ad in Newspaper or Professional/  
Trade Journal  
E. ☐ Ad on Television  
F. ☐ Internet  
G. ☐ Job Fair

Check geographical LOCATION(S) as listed  
on the job announcement where you will  
accept work.

Carson City Reno Elko  
Las Vegas Ely Fallon  
Winnemucca Lovelock Tonopah  
Statewide  
Other (Specify) \_\_\_\_\_

**SPECIAL SKILLS/LICENSES**

- Professional License/Certification/Registration  
(Examples: Doctors, Lawyers, Nurses, Engineers, Teachers, etc.) Please attach a copy  
Title \_\_\_\_\_  
No. \_\_\_\_\_  
Issuing Board \_\_\_\_  
State \_\_\_\_\_
- Driver's License No. \_\_\_\_  
State \_\_\_\_\_  
Class \_\_\_\_\_  
Expiration Date \_\_\_\_\_
- Typing \_\_\_\_\_WPM Date Certified  
Shorthand \_\_\_\_\_WPM Date Certified
- In addition to English, I possess ☐ verbal  
☐ written fluency in \_\_\_\_\_  
(Specify Language(s))

**EDUCATION AND TRAINING**

Highest Grade Completed: 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ / 13 ☐ 14 ☐ 15 ☐ 16 ☐ / 17 ☐ 18 ☐ 19 ☐ 20 ☐

Specify

Elementary/High School (Indicate name and location of last school attended)_							Did you graduate?				
Name							Location				
High school equivalent:		Successful completion of:		GED		USAF		Other:			
College, University or Professional School (List all undergraduate and graduate work. Transcripts may be required – see job announcement.)				Dates of Attendance (Month and Year)		No. of Credits		Degree Received (AA, BS, etc.)	Date Degree Rec'd	Major	Minor
Name		Location		From	To	Qtr	Sem				
Business, Correspondence, Trade, Technical or Vocational School				Dates of Attendance		Full Time	Part Time Hrs/Wk	Date Certif. Received	Percent Program Complete	Title of Program or Subjects Taken	
Name		Location		From	To						

**LENGTH OF EXPERIENCE**

Total:

From

To

Years/Mo.

MMM-YY

MMM-YY

☐ Full-Time (40 Hrs/Week)

OR

☐ Part-Time (\_\_\_ Hrs/Wk)

Last Month Salary

Reason for Leaving

**LENGTH OF EXPERIENCE**

Total:

From

To

Years/Mo.

MMM-YY

MMM-YY

☐ Full-Time (40 Hrs/Week)

OR

☐ Part-Time (\_\_\_ Hrs/Wk)

Last Month Salary

Reason for Leaving

**EMPLOYMENT HISTORY**

(SEE INSTRUCTION NO. 7 ON PAGE 4)

Current or Last Employer _____		Location _____		% of Time
Your Title _____		Supervisor _____		
1.				
2.				
3.				
4.				
5.				
Number and Title(s) of people you supervised _____				
Machines/equipment you used _____				

Current or Last Employer _____		Location _____		% of Time
Your Title _____		Supervisor _____		
1.				
2.				
3.				
4.				
5.				
Number and Title(s) of people you supervised _____				
Machines/equipment you used _____				

### EMPLOYMENT HISTORY *(Continued)*

LENGTH OF EXPERIENCE		
Total:	From	To
Years/Mo.	MMM-YY	MMM-YY
<input type="checkbox"/> Full-Time (40 Hrs/Week)      OR <input type="checkbox"/> Part-Time (___ Hrs/Wk)		
Last Month Salary _____		
Reason for Leaving _____		

LENGTH OF EXPERIENCE		
Total:	From	To
Years/Mo.	MMM-YY	MMM-YY
<input type="checkbox"/> Full-Time (40 Hrs/Week)      OR <input type="checkbox"/> Part-Time (___ Hrs/Wk)		
Last Month Salary _____		
Reason for Leaving _____		

LENGTH OF EXPERIENCE		
Total:	From	To
Years/Mo.	MMM-YY	MMM-YY
<input type="checkbox"/> Full-Time (40 Hrs/Week)      OR <input type="checkbox"/> Part-Time (___ Hrs/Wk)		
Last Month Salary _____		
Reason for Leaving _____		

LENGTH OF EXPERIENCE		
Total:	From	To
Years/Mo.	MMM-YY	MMM-YY
<input type="checkbox"/> Full-Time (40 Hrs/Week)      OR <input type="checkbox"/> Part-Time (___ Hrs/Wk)		
Last Month Salary _____		
Reason for Leaving _____		

Current or Last Employer _____	Location _____	% of
Your Title _____	Supervisor _____	Time
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Number and Title(s) of people you supervised _____		
Machines/equipment you used _____		

Current or Last Employer _____	Location _____	% of
Your Title _____	Supervisor _____	Time
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Number and Title(s) of people you supervised _____		
Machines/equipment you used _____		

Current or Last Employer _____	Location _____	% of
Your Title _____	Supervisor _____	Time
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Number and Title(s) of people you supervised _____		
Machines/equipment you used _____		

Current or Last Employer _____	Location _____	% of
Your Title _____	Supervisor _____	Time
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Number and Title(s) of people you supervised _____		
Machines/equipment you used _____		

**Attach additional sheets if necessary. Be sure to include all information requested above.**



## ***APPLY ONLINE***

A select number of recruitments in the Las Vegas Area are eligible for the submittal of applications by e-mail. These recruitments are designated by the ***APPLY ONLINE*** logo in the upper left hand corner of the job posting. The State of Nevada Department of Personnel will not be liable for the receipt of applications that are not ***APPLY ONLINE*** recruitments. Like all other applications, ***APPLY ONLINE*** applications must be received by 5:00 p.m. on the listed closing date. At the time of your interview or examination, you may be required to provide the State of Nevada with an original signature. Until that time, check the box below. If you have any questions concerning application procedures, please contact the Department of Personnel-Las Vegas office at (702) 486-2911.

By checking this box I attest to the accuracy, honesty and completeness of this application. Any information that can not be verified or substantiated will result in my disqualification from the recruitment process or removal from the eligibility list. I understand that if I provide false information, I may subject myself to the penalty provisions of NRS 284.430.

## INSTRUCTIONS

1. **Read the job announcement carefully** before you apply. Job announcements contain special instructions and requirements. It is your responsibility to ensure that you meet those requirements. If you have not seen a job announcement, you can receive or view one by:
  - \* Visiting the Department of Personnel office in Carson City or Las Vegas.
  - \* Visiting a Nevada Employment Security Division office.
  - \* Calling the Department of Personnel's office in Carson City, 775-684-0150, or Las Vegas, 702-486-2900. If calling from outside these areas, but within Nevada, call toll-free 1-800-992-0900, extension 0160, during working hours.
  - \* Visiting our website at: [www.state.nv.us/personnel/](http://www.state.nv.us/personnel/).
2. **Do not substitute a resumé or other application form for this application.** Resumés may be attached only for additional information.
3. **Print clearly in dark ink or type.** Give complete and accurate information.
4. Complete a **separate application** for each job. Photocopies are acceptable, but original signatures are required.

**Write the exact job title, class code and announcement number** as specified on the job announcement.
5. Veterans' preference (per 38 U.S.C. 4211) may be used for all open-competitive examinations, **but only for one promotional examination.** Veterans' preference requires proof, e.g., DD214. Disabled veterans receive additional preference; letter from Veteran's Administration is required. Preference for being the widow/widower of a veteran requires proof of marriage, military service and death.
6. An applicant offered employment in a position affecting public safety position may be required to take a controlled substance screening test. Employment is contingent on passing the test. The job announcement will indicate if this is a requirement.
7. **Employment History Section. Be specific and complete.** The information provided will be used to determine if you meet the minimum qualifications, and, if an examination is required, whether you will be admitted. For jobs with a training and experience rating, scores may be based upon information in this section.
  - a. List your present or most recent experience first. Include all job related volunteer and/or unpaid experience.
  - b. List each job (including promotions) separately, even if it was within the same organization.
  - c. If you attach additional information sheet(s), include **all** of the information requested on the application, i.e., dates of experience, hours per week, etc.
  - d. If the hours per week on a job vary, use the **average** number of hours per week. Part-time experience is prorated according to the number of hours worked, using a 40-hour week as the standard for full-time work.
  - e. To receive proper credit, list the most important and/or time consuming **activities** and the percentage of time spent on each for each position. Percentages should add up to 100%. Do not include unimportant duties which are performed only occasionally.
8. Sign and date the application below. Your signature indicates your agreement with the statements listed above it and understanding of the statements listed on this page.
9. Retain a copy of the application for presentation to the hiring agency when called for an interview. **The Department of Personnel cannot supply copies.**
10. **Submit the application as directed on the job announcement.** Your application must be delivered to State Personnel or the agency designated on the job announcement by 5:00p.m. on the final filing date. If you are mailing the application, it must be postmarked by the U.S. Postal Service by midnight of the final filing date. Applications received after the final filing date, that do not have an appropriate postmark, will not be accepted. Additional information may not be accepted after the close of the filing period.
11. Your application and all attachments become the property of the Department of Personnel and cannot be returned. Work samples, letters of recommendation and the like should **not** be submitted with the application. You may take such materials with you to an actual employment interview.
12. The incomplete or improper completion of an application may result in the application being returned or rejected.
13. **Attention Current State Employees.** You must indicate your department, and, if applicable, your division. If you are unsure, contact your supervisor or agency personnel office.
14. Contact the Department of personnel at the number(s) listed in No. 1 above if you have any questions about completing the application **OR** if there is any change to your name, address, telephone number or promotional status.

## IMPORTANT

1. I declare that any statement in this application or information provided is true and complete. I understand that if I provide false information I may subject myself to the penalty provisions of NRS 284.430.
2. At the time of application, I attest that I have the legal right to reside and work in this country (proof required upon employment).
3. In connection with this application, I authorize the State of Nevada and any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued employment with the State and authorize the release of any

such information, including, but not limited to, any criminal conviction on my record. (Check box below if you do not want your present employer contacted.) Moreover, I hereby release the State of Nevada and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

☐ I request that you do not contact my present employer unless necessary to determine my qualifications for the position.

Signature (*Do not print*) \_\_\_\_\_ Date \_\_\_\_\_

The following information will be used by the Nevada State Department of Personnel for research and statistical purposes only. Federal and State laws make it unlawful to discriminate in employment on the basis of race, color, religion, sex, national origin, handicap or age. Your participation is voluntary and would be greatly appreciated. This information will be kept separate and confidential and will not be used to make any employment decision:

Do you need an accommodation in the application or testing process for the job for which you are applying for any disability you may have? **(It is not necessary that you describe or identify the disability.)**

Yes No

If “Yes”, please describe the type of accommodation required:

\_\_\_\_\_

## EMPLOYMENT QUESTIONNAIRE

**(DO NOT REMOVE)**

**Choose one ethnic group with which you most closely identify:**

- ☐ I. American Indian or Alaskan Native. *(All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.)*
- B. Black. *(Not of Hispanic origin: All persons having origins in any of the Black racial groups).*
- A. Asian/pacific Islander. *(All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.)*
- H. Hispanic. *(All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)*
- W. White. *(Not of Hispanic origin: All persons having origins in any of the original people of Europe, North Africa, or the Middle East.)*

Date of Birth:

Sex: Male Female

[Click here to Submit State Application](#)

**The State of Nevada accepts photocopied applications. However, original signatures and current dates are required. Therefore, the following suggestions are made:**

1. Complete all spaces on the application form **except** the job title, signature and date spaces. This includes any supplemental sheets attached to your application.
2. Photocopy the entire application including the supplemental pages (except this flap).
3. When you find a job in which you are interested in applying, take a photocopy, complete the job title, class code and announcement number, signature and date spaces and submit it in accordance with the directions on the job announcement.

**WHEN MAKING PHOTOCOPIES OF YOUR APPLICATION IT IS ONLY NECESSARY TO MAKE A COPY OF THIS FLAP ONCE.**

### EMPLOYMENT HISTORY (*Continued*)

LENGTH OF EXPERIENCE		
Total:	From	To
Years/Mo.	MMM-YY	MMM-YY
Full-Time (40 Hrs/Week)	OR	Part-Time (__ Hrs/Wk)
Last Month Salary _____		
Reason for Leaving _____		

LENGTH OF EXPERIENCE		
Total:	From	To
Years/Mo.	MMM-YY	MMM-YY
Full-Time (40 Hrs/Week)	OR	Part-Time (__ Hrs/Wk)
Last Month Salary _____		
Reason for Leaving _____		

LENGTH OF EXPERIENCE		
Total:	From	To
Years/Mo.	MMM-YY	MMM-YY
Full-Time (40 Hrs/Week)	OR	Part-Time (__ Hrs/Wk)
Last Month Salary _____		
Reason for Leaving _____		

LENGTH OF EXPERIENCE		
Total:	From	To
Years/Mo.	MMM-YY	MMM-YY
<input type="checkbox"/> Full-Time (40 Hrs/Week)	OR	Part-Time (__ Hrs/Wk)
Last Month Salary _____		
Reason for Leaving _____		

Current or Last Employer _____	Location _____	% of
Your Title _____	Supervisor _____	Time
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Number and Title(s) of people you supervised _____		
Machines/equipment you used _____		

Current or Last Employer _____	Location _____	% of
Your Title _____	Supervisor _____	Time
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Number and Title(s) of people you supervised _____		
Machines/equipment you used _____		

Current or Last Employer _____	Location _____	% of
Your Title _____	Supervisor _____	Time
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Number and Title(s) of people you supervised _____		
Machines/equipment you used _____		

Current or Last Employer _____	Location _____	% of
Your Title _____	Supervisor _____	Time
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Number and Title(s) of people you supervised _____		
Machines/equipment you used _____		

**Attach additional sheets if necessary. Be sure to include all information requested above.**



**EMPLOYMENT HISTORY (Continued)**

LENGTH OF EXPERIENCE		
Total:	From	To
Years/Mo.	MMM-YY	MMM-YY
<input type="checkbox"/> Full-Time (40 Hrs/Week)	OR	Part-Time (__ Hrs/Wk)
Last Month Salary _____		
Reason for Leaving _____		

LENGTH OF EXPERIENCE		
Total:	From	To
Years/Mo.	MMM-YY	MMM-YY
Full-Time (40 Hrs/Week)	OR	Part-Time (__ Hrs/Wk)
Last Month Salary _____		
Reason for Leaving _____		

LENGTH OF EXPERIENCE		
Total:	From	To
Years/Mo.	MMM-YY	MMM-YY
Full-Time (40 Hrs/Week)	OR	Part-Time (__ Hrs/Wk)
Last Month Salary _____		
Reason for Leaving _____		

LENGTH OF EXPERIENCE		
Total:	From	To
Years/Mo.	MMM-YY	MMM-YY
<input type="checkbox"/> Full-Time (40 Hrs/Week)	OR	<input type="checkbox"/> Part-Time (__ Hrs/Wk)
Last Month Salary _____		
Reason for Leaving _____		

Current or Last Employer _____	Location _____	% of
Your Title _____	Supervisor _____	Time
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Number and Title(s) of people you supervised _____		
Machines/equipment you used _____		

Current or Last Employer _____	Location _____	% of
Your Title _____	Supervisor _____	Time
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Number and Title(s) of people you supervised _____		
Machines/equipment you used _____		

Current or Last Employer _____	Location _____	% of
Your Title _____	Supervisor _____	Time
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Number and Title(s) of people you supervised _____		
Machines/equipment you used _____		

Current or Last Employer _____	Location _____	% of
Your Title _____	Supervisor _____	Time
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Number and Title(s) of people you supervised _____		
Machines/equipment you used _____		

**Attach additional sheets if necessary. Be sure to include all information requested above.**